FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB A	PPROVAL	
OMB Number:	3235-00	76
Expires:	November 30, 20	01
Estimated average burde	en hours per form 16.	00

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/s	RECEIVED	
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# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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Name of Offering Check if this is an amendment and name has changed, and indicate change	ge.)			
Series A Preferred Stock Offering				
Filing Under (check box(es) that apply): Rule 504 Rule 505 Ru	le 506 Section Chapter			
Type of Filing: New Filing Amendment	20FD			
A. BASIC IDENTIFICATION DATA	۵۲۵ ۵۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰			
Enter the information requested about the issuer	UEC 23 2005			
Name of Issuer ( check if this is an amendment and name has changed, and indicate change	(i) THOMAS			
Home Phone Tunes, Inc.	THOMSON E			
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including MG/Ajode)			
10720 SW Moapa, Portland, OR 97219	(503) 697-4482			
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
(if different from Executive Offices)				
10720 SW Moapa, Portland, OR 97219 (503) 697-4482  Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)				
Brief Description of Business				
Development and Sales of Telecommunications hardware and software	DEC 1 2 7005			
Type of Business Organization				
☐ corporation ☐ limited partnership, already formed ☐ other (please	specify):			
business trust limited partnership, to be formed	1088			
Month Year				
7 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tual			
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation				
CN for Canada; FN for foreign jurisdiction)	O R			

# GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### **B. BASIC IDENTIFICATION DATA** 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Check Box(es) that Apply: □ Promoter □ Director General and/or Managing Partner Full name (Last name first, if individual) Cameron, Kirk E. Business or Residence Address (Number and Street, City, State, Zip Code) 10720 SW Moapa Avenue, Portland, OR 97219 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Boom, Denny Business or Residence Address (Number and Street, City, State, Zip Code) 10720 SW Moapa Avenue, Portland, OR 97219 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full name (Last name first, if individual) Leasia, Stephen H. Business or Residence Address (Number and Street, City, State, Zip Code) 1020 SW Taylor, Suite 430, Portland, OR 97219 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Holwerda, Kasey Business or Residence Address (Number and Street, City, State, Zip Code) 316 North Point Road, Lake Oswego, OR 97034 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full name (Last name first, if individual)

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Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### **B. BASIC IDENTIFICATION DATA** Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner □ Executive Officer Director General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter ☐ Beneficial Owner **Executive Officer** Director General and/or Managing Partner Check Box(es) that Apply: Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer ☐ Director Check Box(es) that Apply: Promoter ☐ General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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<del></del>			,							· · · · · · · · · · · · · · · · · · ·	Yes	No		
1. Has th	e issuer sol	d, or does t						-			🗀	$\boxtimes$		
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?											\$ <u>25,</u>	000		
z. What	10 <b>a.c</b> 11111111	num mvesu	nom wi	n oo accept		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	••••••			·· <u> </u>			
										Yes ⊠	No			
<ul><li>3. Does the offering permit joint ownership of a single unit?</li><li>4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly.</li></ul>												Ц		
comm	e offering. I	f												
	a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
								cu are assu	cialed perso	ons of such	a			
Full name	(Last name	first, if ind	liviđual)		174,									
NONE	<del></del>		· · · · · · · · · · · · · · · · · · ·	·····				<del></del>						
Business of	or Residence	e Address (	Number and	l Street, Cit	y, State, Zij	Code)								
Name of A	Associated I	Broker or D	ealer								· · · · · · · · · · · · · · · · · · ·			
			-											
			as Solicited			ırchasers								
`			individual			Пот				Пс.		All States		
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	□IN	□IA	□KS	□KY	□LA	□ME	□MD	□MA	□MI	□MN	□MS	□мо		
□MT	□NE	□NV	□NH	□NJ	□NM	□NY	□NC		□он	□oк	□OR	□PA		
□RI	□sc	□SD	□TN	□TX	UT	□VT	□VA	□WA	□wv	□wī	□WY	□PR		
Full name	(Last name	first, if ind	lividual)											
Business of	or Residence	e Address (	Number and	Street, Cit	v. State, Zir	Code)			<u></u> .					
Name of A	Associated I	Broker or D	ealer											
States in V	Which Dares	n Listed U	as Solicited	or Intende	to Solioit D	mohacam								
			individual									All States		
□AL	□AK	□AZ	□AR	□ĆA	□co	□ст	□DE	□DC	□FL	□GA	□ні			
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□MT	□NE	□NV	□NH	□NJ	□NM	□NY	□NC	□ND	□он	□ок	□OR	□РА		
□RI	□sc	□SD	□TN	□TX	□UT	□VT	□VA	□WA	□wv	□WI	□wy	□PR		
Full name	(Last name	first, if inc	lividual)						<del></del>					
Business	or Residenc	e Address (	Number and	Street, Cit	y, State, Zij	Code)								
Name of A	Associated I	Broker or D	ealer											
States in V	Which Perso	on Listed H	as Solicited	or Intends	to Solicit Pı	urchasers	<del></del>			· · · · · · · · · · · · · · · · · · ·		*****		
										По.		All States		
□AL	□AK	□AZ	□AR	□CA	□co	СТ	□DE	□DC	□FL	□GA	□HI			
		□IA	□KS	□KY	□LA	☐ME	□MD	□MA	□MI	□MN	□MS	□мо □-		
□MT	□NE -	□NV	□NH	_ Пи]	□NM	□NY	□NC	ND	Он	□ок	□OR □	□PA		
□RI	□sc		□TN	$\Box$ TX	□ur	□VT	□VA	□WA	□wv	□wi	□WY	□PR		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security 0.00 Debt ..... 0 750.000.00 550,000.00 ☐ Common ☐ Preferred 0.00 0 Partnership Interests \$ 0 0 \$ 750,000.00 550,000.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchasers \$ 550,000.00 Accredited Investors 6 Non-accredited Investors \$ Total (for filings under Rule 504 only).... Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 Regulation A \$ Rule 504 Totai ..... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$0 Printing and Engraving Costs... Legal Fees 冈 6,000.00 Accounting Fees. \$0 Engineering Fees \$0 Sales Commissions (specify finders' fees separately) \$0 Other Expenses (identify) Finder's Fees Total ..... 図 6,000.00

	b. Enter the difference between the Question 1 and total expenses furnish the "adjusted gross proceeds to the issue the control of the contro	hed in resp	onse to Part	C - Ques	tion 4.a. This dif	fference is	•		<u>\$</u> _7	744,0	00.00
5.	Indicate below the amount of the adused for each of the purposes shown estimate and check the box to the lequal the adjusted gross proceeds to above.	n. If the and left of the o	mount for a estimate. T	ny purpos he total c	se is not known, of the payments li	furnish an sted must					
						Pa		ents to Officers, Directors, & Affiliates			ments to
	Salaries and fees					🗵	3	\$ 110,000.00	$\boxtimes$	\$	60,000.00
	Purchase of real estate			••••••			]	\$0		\$	0.00
	Purchase, rental or leasing and install	lation of ma	achinery and	l equipme	nt		]	\$0		\$	0.00
	Construction or leasing of plant build	dings and fa	acilities				]	\$0		\$	0.00
	Acquisition of other businesses (incithat may be used in exchange for the merger)	the assets o	or securities	of anoth	er issuer pursuan	t to a _	7	\$0	П	<del>\$</del> 0	
	Repayment of indebtedness						-	\$0		\$0	
	Working capital	••••••		•••••		🗵	3	\$ 574,000.00	$\boxtimes$	\$	0.00
Otl	ner (specify):							\$0		\$	
	Column totals					🖂	<b>a</b>	\$ 684,000.00	$\boxtimes$	\$	60,000.0
To:	al Payments Listed (column totals add								4,000	<u> </u>	
	•	,									
			D. FI	EDERAL	SIGNATURE						
sig	e issuer has duly caused this notice to be nature constitutes an undertaking by the ormation furnished by the issuer to any	he issuer to	furnish to the	he U.S. So or pursua	curities and Exch	ange Comi	miss	ion, upon writter			
	uer (Print or Type) me Phone Tunes, Inc.	Si	gnature		nerpr	Da	ate	12/5/6	25	-	
Na	me of Signer (Print or Type) k E. Cameron		tle of Signer	r (Print or	Type)			-/-/			

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE			
				_
		Yes	No	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?		$\boxtimes$	
	See Appendix, Column 5, for state response.			

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understand that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Home Phone Tunes, Inc.		
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Kirk E. Cameron	Chief Executive Officer	

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			5
	to non-a investor	l to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA	·	Х	Preferred Stock \$200,000.00	1	\$200,000.00	0	N/A		Х
CO									
CT									
DE									
DC									
FL									
GA									
НІ									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
МО									
MT									

APPENDIX

1	2		3		5					
	to non-a	d to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State				Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NE				<u>, , , , , , , , , , , , , , , , , , , </u>						
NV										
NH										
NJ										
NM										
NY										
NC										
ND										
ОН										
OK										
OR		X	Preferred Stock \$300,000.00	4	\$300,000.00	0	N/A		Х	
PA				<u></u>						
Ri										
SC										
SD							:			
TN										
TX								<u> </u>		
UT										
VT									<u> </u>	
VA										
WA		X	Preferred Stock \$50,000.00	t	\$50,000.00	0	N/A		Х	
WV		<u> </u>							<u> </u>	
WI	<u> </u>		ļ							
WY										
PR	İ							ľ	-	